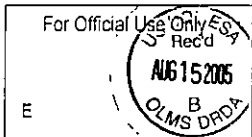


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



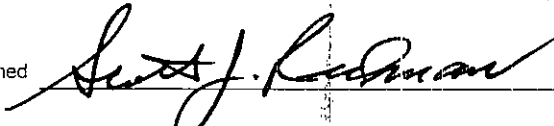
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>6436</b>	2. Fiscal Year Covered From: <b>01 / 01 / 2004</b> Through: <b>12 / 31 / 2004</b>
3. Name and address of person filing. Name <b>Scott J. Redman</b> P.O. Box, Bldg., Room No., if any Street <b>11175 West Parkland Avenue</b> City <b>Milwaukee</b> State <b>WI</b> ZIP Code + 4 <b>53224</b>	4. Name, file number, and address of labor organization. Name <b>Plumbers Local 75</b> Labor Organization File Number <b>009-300</b> P.O. Box, Building and Room Number, if any Street <b>11175 West Parkland Avenue</b> City <b>Milwaukee</b> State <b>WI</b> ZIP Code + 4 <b>53224</b>
5. Position in labor organization. <b>Business Representative</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

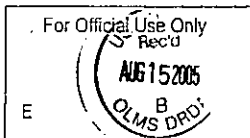
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed 	On <b>8-8-05</b> <b>414-358-1310</b> Date Telephone Number

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0138  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

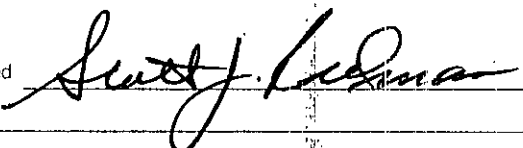
1. File Number U - <input type="text"/>	2. Fiscal Year Covered From: <input type="text"/> 01 / <input type="text"/> 01 / 2004 Through: <input type="text"/> 12 / <input type="text"/> 31 / 2004
3. Name and address of person filing. Name <input type="text"/> Scott <input type="text"/> J. <input type="text"/> Redman P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> 11175 West Parkland Avenue City <input type="text"/> Milwaukee State <input type="text"/> WI ZIP Code + 4 <input type="text"/> 53224	4. Name, file number, and address of labor organization. Name <input type="text"/> Plumbers Local 75 Labor Organization File Number <input type="text"/> 009-300 P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> 11175 West Parkland Avenue City <input type="text"/> Milwaukee State <input type="text"/> WI ZIP Code + 4 <input type="text"/> 53224
5. Position in labor organization. <input type="text"/> Business Representative	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

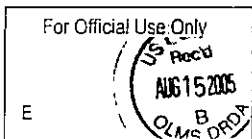
Signed  On  8-8-05  414-359-1310  
Date Telephone Number

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text"/>	2. Fiscal Year Covered From: <input type="text"/> 01 / <input type="text"/> 01 / 2004 Through: <input type="text"/> 12 / <input type="text"/> 31 / 2004
3. Name and address of person filing. Name <input type="text"/> Scott <input type="text"/> J <input type="text"/> Redman P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> 11175 West Parkland Avenue City <input type="text"/> Milwaukee State <input type="text"/> WI ZIP Code + 4 <input type="text"/> 53224	4. Name, file number, and address of labor organization. Name <input type="text"/> Plumbers Local 75 Labor Organization File Number <input type="text"/> 009-300 P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> 11175 West Parkland Avenue City <input type="text"/> Milwaukee State <input type="text"/> WI ZIP Code + 4 <input type="text"/> 53224
5. Position in labor organization. <input type="text"/> Business Representative	

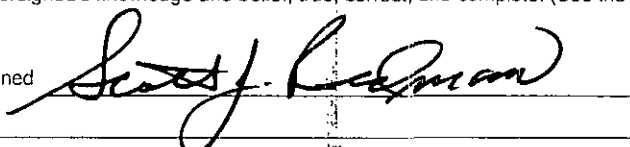
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8-8-05  
Date

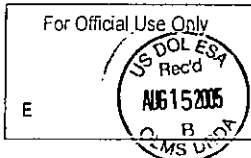
414-359-1310  
Telephone Number

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text"/>	2. Fiscal Year Covered From: <input type="text"/> 01 / <input type="text"/> 01 / <input type="text"/> 2004 Through: <input type="text"/> 12 / <input type="text"/> 31 / <input type="text"/> 2004
3. Name and address of person filing. Name <input type="text"/> Scott <input type="text"/> J <input type="text"/> Redman P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> 11175 West Parkland Avenue City <input type="text"/> Milwaukee State <input type="text"/> WI ZIP Code + 4 <input type="text"/> 53224	4. Name, file number, and address of labor organization. Name <input type="text"/> Plumbers Local 75 Labor Organization File Number <input type="text"/> 009-300 P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> 11175 West Parkland Avenue City <input type="text"/> Milwaukee State <input type="text"/> WI ZIP Code + 4 <input type="text"/> 53224
5. Position in labor organization. <input type="text"/> Business Representative	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed  Scott J. Redman On  8-8-05  414-359-1310  
Date Telephone Number



# PLUMBERS LOCAL 75

11175 West Parkland Avenue  
Milwaukee, Wisconsin 53224-3135  
(414) 359-1310 FAX: 359-1323  
(888) 248-3392

August 5, 2005



The transactions, dealings and interests that are reported on the attached FORM LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended FORM LM-30.

Scott J. Redman  
Signature

8-5-05  
Date

SCOTT J. REDMAN  
Printed Name

BUSINESS REPRESENTATIVE  
Position

Business Manager  
Harry Kreuser

